

District of Columbia State Plan on Aging

Fiscal Year 2004 - 2006

“A Plan that Makes a Difference for an Aging Population”



**Government of the District of Columbia
Anthony A. Williams
Mayor**

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EXECUTIVE SUMMARY

The State Plan on Aging for the District of Columbia has been developed under the direction of the E. Veronica Pace, Executive Director, DC Office on Aging to guide and shape programs and services to the elderly as statutorily mandated by the Older Americans Act and DC Law 1-24. The DC Office on Aging is the State and Area Agency on Aging designated by the Mayor of the District of Columbia to plan, develop and implement programs and services for residents 60 years of age and older. The Office on Aging funds a senior service network of providers that consists of 22 community based non-profit organizations (including four area universities) that operate over 40 programs for senior citizens. The network is an important partner in carrying out the plans, goals and objectives of the State Plan.

The Plan establishes ten strategic priorities and related goals and objectives that will be used to focus DC Office on Aging's efforts and resources over the next two years.

The Office on Aging has established goals and objectives in the plan for Senior Service Network Agencies, the community, advocates, consumers, and service providers to play an important role in carrying out and shaping the future of aging in the District of Columbia.

These goals and objectives:

- Make it easier for Older Washingtonians to access health and social supports;
- Help Older Washingtonians to stay active and healthy;
- Support families in their efforts to care for their elderly relatives at home and in the community; and,
- Ensure the rights of the institutionalized and non-institutionalized elderly are protected and prevent their being abused, neglected or exploited.

Demographic Profile

A typical senior would be a woman aged 73 years and old and living in a single family home, on a retirement income (mostly social security and/or pension), in a family setting (husband or living with relatives), utilizing or may need programs and services in order to maintain her independence as she ages. Her major asset would be her home. As her life expectancy increases, the chances increases that she may spend some of her remaining years alone and have a chronic disability that may limit her activities of daily living skills.

Key Statistical indicators:

Washington DC is home to 572,059 persons according to Census 2000. One out of every six residents (91,878) is over 60. The population (aged 35-54) and the oldest old (85 years+) has grown numerically and proportionately faster than other age groups in the city and will continue in the near future.

Starting in 2006, the first wave of the baby boomers will be turning 60. The impact would be the number turning 60 increasing almost twice the current rate each year for the next decade.

In 2000, 60% of the elderly were women. Females over the age 60 years+ outnumber males in every age cohort. The number and percentage of elderly females widen as they age. Seventy three percent of persons over 85 are females.

Blacks made up 68% of the elderly, 27% white, 2% Asian and Hispanic, and 1% other or more than one race. Hispanic and Asian Elderly continued to increase faster than any other racial and ethnic groups.

According to the 2000 Census of the 69,986 elderly households, 50% (or 34,581) lived with family members (mostly husband/wife), 45% (31,163) lived alone and almost 5% or (3,242) lived with non-relatives.

Heart Disease and Cancer continue to be the biggest killers of the elderly. Forty three percent of the elderly 65 yrs+ had one or more disability.

The majority of the elderly live in a family setting but the number of one person or non-traditional households is increasing. According to the 2000 Census, of the 69,986 elderly (persons 65 years+, 50% (or 34,581) lived with family members with 41% Living in a non-family setting and 5% living in nursing homes.

Over 57 % of the elderly living in poverty lived alone. According to the 2000 Census, there were 10,887 persons 65 years+ below the poverty level in 1999. The poverty line for one person was \$7,990. For an elderly couple it was \$10,070.

Sixty two percent of elderly 65 yrs+ had at least a high school diploma and 24% had a bachelors degree or higher. Persons 65 yrs+ had the lowest percent of any age in terms of high school graduation, while those aged 25-34 had the highest (85%).

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STATE PLAN ON AGING 2004 – 2006 STRATEGIC AREAS

Section #1

Consumer Information, Assistance and Outreach

Make it easier for older people to access health and social supports. Also, be better informed decisions about their health, housing, transportation and other service needs.

Hold special events that will provide socialization, information and recognitions to Seniors so that they can increase their awareness of services provided, expand their social network, and project a positive image of aging.

- **Health Insurance Information and Counseling**
- **Legal**
- **Information and Assistance**
- **Special Events**
- **Community Outreach**

Section # 2

Employment and Training

Make sure that seniors who want to work, or who for economic reasons need to Return to the workforce, are trained, placed and employed.

- **Employment and Training**

Section #3

Health Promotion, Nutrition and Disease Prevention

Make sure that “wellness” healthy aging and self-care practices are established as community-wide goals for elderly individuals, to help seniors stay well and help those who have become ill or disabled to keep physical and mental limitations from becoming insurmountable impediments to independent living.

- **Health Promotion and Disease Prevention**
- **Nutrition Services**

Section #4

New Opportunities and Initiatives

To shape, develop and implement new opportunities and initiatives that are accessible, available and affordable to make a positive difference in the quality of living for seniors.

- **Technology**
- **Intergenerational Activities**
- **Community Data and Assessment**

Section #5

Older Persons as a Resource

To shape employment, educational and volunteer opportunities for seniors whose retirement will likely look different from an earlier generation's, who want to continue making a contribution to the economy, their neighborhoods and communities.

- **Volunteerism**
- **Lifelong Learning**

Section #6

Prevention and Alternatives to Institutional Care

To make sure that the delivery of quality, affordable and accessible in-home support services keep seniors in their own homes and assist them to 'age in place'; to support the invaluable service of caregivers with training, information and resources, to maintain seniors at home, thus avoiding costly institutionalization

- **In Home Services**
- **Long Term/Continuing Care**
- **Case Management**
- **Geriatric Day Care**
- **Transportation**

Section #7

Public/Private Partnerships

To make sure collaboration and partnerships with other agencies and organizations on joint projects and activities are implemented that are designed to increase older people's access to an integrated array of health and social supports.

- **Community based organizations**

Section # 8
Public Safety

To make sure a strategy of harm reduction, education and training, to ensure that seniors are knowledgeable about and benefit from public protections from

- physical, emotional, and financial abuse and exploitation

- **Harm Reduction for Seniors: Abuse, Exploitation and Neglect**

Section #9
Special Needs Population

To make sure that community outreach strategies to reach, support and serve the most socially vulnerable among the elderly: those living alone, or in poverty, and those for whom English is a second language, who are many times culturally isolated.

- **Disabilities**
- **Limited Language Proficiency**

Section #10
Support and Strengthening Formal and Informal Caregivers

Make sure that the increasingly necessary support and care of seniors who are 'aging in place'; of caregivers who are many times unprepared for the demands of primary caregiving under emergency circumstances; to provide assistance to seniors caring for other family members.

- **Caregiver and Family Support**

Section # 1

Consumer Information, Assistance and Outreach

Make it easier for older people to become better informed about available programs and services, to make better informed Decisions about their health, housing, transportation and other service needs.

Hold special events that will provide socialization, information and recognitions to seniors so that they can increase their awareness of services provided, expand their social network, and project a positive image of aging.

- **Health Insurance Information and Counseling**
 - **Legal**
 - **Information and Assistance**
 - **Special Events**
 - **Community Outreach**

▪ **HEALTH INSURANCE**

Need and Issue

The D.C. Office on Aging, in coordination with The George Washington University, provides a comprehensive health information counseling and assistance program for the District's senior population. The Health Care Insurance Counseling and Assistance Program (HICP) provide comprehensive health information counseling and assistance services to older persons.

This program enables them to understand and make informed choices about private health insurance plans such as Medicare, Medicaid, Medigap, and Long-Term Care Insurance. The activities undertaken also generate policy, program, and administrative initiatives that will make changes, as appropriate, to broaden health information, education, and opportunities for older consumers.

The Health Care Insurance Counseling and Assistance Program encompasses the following activities: insurance counseling, outreach activities, training, and direct representation.

Because of the dynamic complexities of insurance-related policies and laws, legal support is provided to assist clients with problems relating to health insurance, including Medicare appeals and Medicaid eligibility.

GOAL STATEMENT

Educate and counsel older Americans in the District of Columbia on health insurance options through an established Health Care Insurance Counseling and Assistance Program.

OBJECTIVE(S) FOR FY 2004-2006

1. To conduct 40 presentations on the Health Care Insurance Counseling and Assistance Program for 500 seniors, professionals working with seniors, caregivers and volunteers by September 30, 2004.
2. To provide health care insurance information, counseling, assistance and referral services to 1,100 beneficiaries annually by September 30, 2004.

▪ **LEGAL**

Need and Issue

There are two major groups of the elderly –who have special legal needs. First, there

are those between 60 and 65 who rely on disability programs for support and assistance. The second group is comprised of seniors in the oldest-old category, 75+. Members of these groups are among the most vulnerable of the elderly because they are susceptible to chronic and debilitating illnesses.

In addition, both groups depend on a variety of public benefit programs; e.g., Social Security, Supplemental Security Income, and Medicaid. Because of their impairments and relative isolation, members of these groups need legal assistance to access public benefits to which they are legally entitled.

The Office on Aging, therefore, plans to continue to strengthen the senior legal services network, enhancing coordination with the Long term Care Ombudsman Program. As this population grows, the Office on Aging's strategy places emphasis on increasing public awareness of protective arrangements for the elderly. Other issues such as guardianship, living wills, and durable powers of attorney will be highlighted and brought to the attention of caregivers of the elderly.

GOAL STATEMENT

To help the elderly in our community and those in supportive living arrangements to exercise, and for their caregivers and the general public to understand, their legal rights, to ensure access to and enforcement of these rights, and to further expand legal services to low-income elderly.

OBJECTIVE(S) FOR FY 2004-2006

1. To provide legal services to at least 2,500 clients at legal outreach sites, self-help offices and through office and in-home visits by September 30, 2004.
2. To inform and educate at least 26,000 seniors of their rights, benefits, and legal services, through presentations, media events, and distribution of self-help and other materials by September 30, 2004.

▪ **Information and Assistance Services**

Need and Issue

The Information and Assistance Branch comprises the centralized clearinghouse of the D.C. Office on Aging, which disseminates information about available programs and services for older persons and makes appropriate referrals to such services. Information is collected and disseminated at local, regional, and national levels through telephone contacts, written requests, walk-in clients, speaking engagements, outreach activities, e-mail and the Eldercare Locator.

In addition, the Information and Assistance Branch collects, organizes, and makes available information and data to support needs assessments and plan activities. The unit's support consists of relevant documentation of service use, client characteristics, unmet needs, gaps, and duplication in services.

Information and assistance services are implemented through a variety of methods, including the following activities: information, counseling and referral, follow-up, advocacy/intervention, public education, outreach, client data collection, and a community resource classification database.

GOAL STATEMENT

The primary goal of the D.C. Office on Aging's Information and Assistance Branch is to link the District of Columbia's older residents, their families and caregivers, and other professionals with the appropriate, informative resources designed to help older persons.

OBJECTIVE(S) FOR FY 2004-2006

1. To maintain a system of counseling, assistance and referral activities to appropriate providers of legal assistance, in District, federal, and private agencies regarding the needs of older persons and their caregivers by September 30, 2005.
2. To deploy and maintain a system of follow-up activities to determine whether or not elderly persons have been linked successfully to needed services, to provide follow-up assistance if the first effort has failed or if new needs arise, by September 30, 2005.

3. To maintain a system of outreach to include two types of activities: (a.) publicity, screening and information on availability of services; and (b.) special efforts to identify isolated, impaired, high risk, hard-to-reach older persons with the greatest social/economic need who would benefit from the service and assistance provided by the program by September 30, 2005.
4. To establish a system of advocacy to intervene on behalf of an individual or a group of older individuals to assist in establishing eligibility and obtain needed services when they cannot effectively represent themselves by September 30, 2005.
5. To Coordinate annually one caregiver information fair and one general information fair on aging programs and services by September 30, 2006.
6. Coordinate quarterly Senior Service Network Intake Workers information sharing seminars by September 30, 2006.

▪ Special Events

NEED AND ISSUE

Recent medical evidence implicates isolation as a significant factor in serious illness and death. Hence, we could not only contribute to the improved health of many older people, but also cut high medical costs if more effective ways can be found and developed to reduce the isolation and loneliness that afflict so many seniors.

Also, a city rich in history and tradition needs to recognize and honor the contributions that seniors have made and continue to make to civic life and culture. Seniors are the pillars of our community; they contribute immensely to the richness, vitality and diversity of our city.

Accordingly, the DC Office on Aging uses special events to recognize seniors for their role in building a strong community, and to introduce them to and educate them -- and a wider community -- about the array of services and opportunities offered through the senior service network.

GOAL STATEMENT

The DC Office on Aging will sponsor and support citywide special events that help reduce seniors' social isolation, honor their civic contributions, and serve as a venue for education and information dissemination.

OBJECTIVE(S) FOR FY 2004-2006

1. To provide 1,500 meals for a Senior Picnic by September 30, 2004.
2. To identify, register and honor 100 DC centenarians annually, and honor them at a celebration event by September 30, 2004.
3. To hold, annually, a holiday celebration for approximately 2,500 seniors by September 30, 2004.
4. To hold, annually, a Senior Day for at least 2,500 seniors, to recognize and honor the contributions of older persons to our city and to society by September 30, 2004.

▪ **Community Outreach**

NEED AND ISSUE

On October 2001, Citizens Summit II was held. The summit allowed residents to review the plan and comment on it at a New England-style town hall meeting, where residents and leaders could discuss important issues. After incorporating summit feedback and action items from Strategic Neighborhood Action Plans, mayoral initiatives, and agency plans, the CWSP serves as the foundation of the Mayor's proposed budget. The summit meeting proved to be an excellent opportunity for democratic involvement, as shown by the very positive response of those attending – forty percent of whom were 55 years old and older, including several members of the DC Commission on Aging who shared with those at their tables the core concerns of DC's 92,000 elders.

The Mayor's strategic plan identified five priority planning areas one of which centers specifically on building-up and maintaining healthy neighborhoods. The Office on Aging proposes to build on the Mayor's initiative, involving seniors in city planning and community support activities and initiatives.

GOAL STATEMENT

Our goal is to involve District senior citizens who are 'aging in place' as active participants in the building up, support and nurture strong, healthy neighborhoods and local communities.

OBJECTIVE(S) FOR FY 2004--2006

1. To present information to 50 community groups by September 30, 2004.

Section #2

▪ **EMPLOYMENT AND Training**

Make sure that seniors who want to work, or who for economic reasons need to return to the workforce, are trained, placed and employed.

- Employment and Training

EMPLOYMENT and Training

NEED AND ISSUE

The District of Columbia's unemployment rate for older workers 55 years of age and older is on the increase. As a result of the increase in demand, many seniors are seeking ways to enter/re-enter the work force.

Employment programs are designed to promote the hiring of seniors through development and implementation of public/private partnerships with companies who have expressed an interest in hiring seniors. Additionally, in partnership with an educational institution, classroom skill training is provided to enhance the skills level of customers to keep up with the current labor market demand.

GOAL STATEMENT

The goal of the Older Workers Employment and Training Program Branch is to provide District residents 55 years of age with assistance in acquiring skills that meet the market demands through government subsidized Classroom Training, on-the-job training (OJT), Job Search Assistance, Job Development, and Volunteer (Work Experience) Programs.

OBJECTIVE(S) FOR 2004-2006

- ! To maintain, expand, and link the OWETP with the Senior Community Services Employment Program; to jointly enroll 35 customers by September 30, 2006.
- ! To maintain a system to register and conduct employment intakes and assessment of 1,500 recruited for the (OWETP) by September 30, 2006.
- ! To maintain a system to provide 330 customers with vocational assessment, counseling and training needs through classroom training, on-the-job training, and job search assistance workshop by September 30, 2006.
- ! To maintain a system to develop 550 employment opportunities to meet the needs of customers enrolled in program by September 30, 2006.
- ! To maintain a system of customer follow-up and participant monitoring, which will improve the retention rate of 330 customers placed in employment and/or job training by September 30, 2006

Section # 3

HEALTH PROMOTION, NUTRITION DISEASE PREVENTION

- **Health Promotion and Disease Prevention**
 - **Nutrition Services**

Make sure that “wellness” healthy aging and self-care practices are established community-wide goals for elderly individuals, to help seniors stay well and help those who have become ill or disabled to keep physical and mental limitations from becoming insurmountable impediments to independent living.

Health Promotion and Disease Prevention

NEED AND ISSUE

Disease prevention and health and wellness promotion are an integral part of the D.C. Office on Aging mission to advocate, plan, implement, and monitor programs in health, education, employment, and social services for District residents aged 60 and over - which promote longevity, independence, dignity and choice. Improving and enhancing the quality of life for seniors is achieved, therefore, by providing ample, accessible high quality programs and services in an environment that encourages participation.

Seniors need programs and services available to them through teaching models designed or designated specifically for education, training, personal development, peer interaction, health screening, wellness activities and non-traditional health-oriented alternatives. Promoting health and wellness is itself a disease deterrent. As stated in Healthy People 2010, "the prevention agenda is to improve the health of all Americans, eliminate disparities in health and improve years and quality of life."

GOAL STATEMENT

The Office on Aging will promote good health habits, help seniors become better informed health consumers, help prevent unnecessary and costly medical encounters, encourage a healthy lifestyle, raise the public consciousness level concerning the aging process and disease prevention, and develop and promote healthy and safe communities in line with the DC Office on Aging Strategic Plan and Healthy People 2010 mandates.

OBJECTIVE(S) FOR FY 2004-2006

1. Coordinate annually with the Senior Wellness Centers and the BODYWISE Senior Fitness Program a citywide Disease Prevention & Health and Wellness Promotion program for seniors to encourage creative ways to remain healthy by September 30, 2006.
2. Develop and implement, in conjunction with Lead Agencies, the BODYWISE Senior Fitness Program, and Senior Centers, a comprehensive outreach plan targeting older adults who have traditionally not been involved in senior wellness activities by September 30, 2006.
3. Improve the fitness level and nutrition knowledge of 10% new seniors joining the Senior Wellness Centers by September 30, 2006.
4. Construct and operate three Senior Wellness Centers, one each in Wards 1,4 and 6, by September 30, 2006.

▪ **Nutrition Services**

NEED AND ISSUE

Two landmark events - the 1968 congressional funding of a three-year demonstration and research program of nutrition for the elderly and the 1972 congressionally-enacted national Nutrition Program for the Elderly (today, known as the Elderly Nutrition Program) - represented the beginning of a program that has had a significant impact on the health and well-being of older adults.

The District of Columbia participated in the demonstration and research phases, and for the past thirty-one years, has provided nutrition services under Title III of the Older Americans Act to its senior population and other eligible individuals.

The Elderly Nutrition Program provides a range of related services including nutrition screening, assessment, education, and counseling. These services are offered to congregate setting and home-delivered meal program participants to identify their nutritional needs relating to health concerns such as heart disease, cancer, diabetes, hypertension, stroke, renal insufficiency, osteoporosis, obesity, malnutrition and food insecurity. Persons whose nutrition screening is indicative of high nutritional risk shall be offered nutritional counseling by a trained professional and referred for other professional services as needed.

GOAL STATEMENT

Using available federal and District appropriated funds, the Office on Aging (OoA) will support the Nutrition Service elements as outlined in Title III C, subpart 1 (Congregate Nutrition Services) and subpart 2 (Home Delivered Nutrition Services) of the Older Americans Act of 1965, as amended.

OBJECTIVE(S) FOR FY 2004-2006

1. Continue congregate meal services for eligible persons at strategically located nutrition sites in all eight wards of the city, serving 500,000 meals annually by September 30, 2006.
2. Continue weekday home-delivered meal services for eligible persons experiencing limitations that have an impact on their ability to prepare their own meals or to attend congregate nutrition sites, serving 600,000 meals annually by September 30, 2006.
3. Continue weekend congregate meal services in at least one site serving 9,000 meals annually by September 30, 2006.

4. Continue initial (and annually thereafter) nutrition screening and assessment on every eligible individual receiving congregate meals, home-delivered meals, nutritional counseling or case management services by September 30, 2006.
5. Conduct semi-annual follow-up nutrition screening and intervention for those eligible individuals previously screened at high nutritional risk by September 30, 2006.
6. Provide 10,000 eligible persons annually with activities and services that support their quest for maximum independence including but not limited to health promotion, nutrition education, recreation and socialization by September 30, 2006.

Section # 4

New Opportunities and Initiatives

To shape, develop and implement new opportunities and initiatives that are accessible, available and affordable to make a positive difference in the quality of living for seniors.

- Technology
- Intergenerational Activities
- Community Data and Assessment

▪ Technology

NEED AND ISSUE

Ready, convenient, familiar access to new computer technologies and their practical applications and benefits for the elderly are doubly difficult for many District seniors today.

While generalizations in the area of technological change are problematic, many senior participants in the senior service network, in our experience, dislike and resist the insistent demand that they learn to cope with new technologies – a reaction sometimes referred to as ‘technophobia’, or an irrational fear of technological change.

Technophobic reactions involve personal fears that are often complicated by a second social fact: on average, low income minority persons are significantly less likely than members of other racial and ethnic groups to own a home computer, be able to afford computer service and Internet training, or have daily access to a computer – a social fact referred to by the name ‘the digital divide’.

To begin to bridge the ‘digital divide’ for DC seniors, and increase their level of comfort with, and access to, new, expensive, and fast-changing computer technologies, applications and benefits, the DC Office on Aging proposes to incorporate computer use in the design and implementation of several senior service network programs.

GOAL STATEMENT

To make the technologies of the 21st Century more widely available to District senior service network participants.

OBJECTIVE(S) FOR FY 2001-2003

1. To revise the DC Office on Aging’s web page to incorporate immediate, interactive linkages with senior service network agencies by September 30, 2006.
7. To continue to update DCOA programs and services on the DCOA web page for public access by September 30, 2006.

▪ **Intergenerational Activities**

NEED AND ISSUE

At the beginning of the 21st Century as the numbers of older persons in our city and society increases, we must look to our senior population for that wealth of knowledge and experience that will be their special legacy to future generations, particularly younger persons.

Ensuring that the transfer takes place in an intentional, orderly, thoughtful way, the DC Office on Aging will work with the Mayor's Youth Leadership Institute, the Commission on Aging, the DC Department of Parks and Recreation, and community-based organizations to foster and encourage intergenerational programming.

GOAL STATEMENT

Intergenerational programs are intended to develop interaction and cooperation among and between generations as a means of strengthening communities through the sharing of skills, knowledge and experience between young and old.

OBJECTIVE(S) FOR FY 2004-2006

1. To increase by 10% the number of participants in the Commission of Aging - sponsored Intergenerational Poster Contest annually by September 30, 2004.
2. To increase the number of high school students by 10% volunteering for OoA special events by September 30, 2005.

▪ **Community Data and Assessment**

NEED AND ISSUE

As a community plans for the needs of its older citizens, the first steps it may undertake are: (1) to identify and obtain available data and reference materials; (2) to document general characteristics about their elderly population; and (3) to identify planning areas and neighborhoods within the city where there are concentrations of older residents.

When Census data are released in 2002, the office will compare them with 1990 Census statistics that show certain characteristics such as size of population, mobility, income, and living arrangements. In terms of particular service needs, a comprehensive citywide needs assessment must be done if we are to keep pace with and shape the future of senior services in Washington, DC. Significantly, the needs, tastes, and desires of senior citizens have changed through the decades.

GOAL STATEMENT

To compile and analyze statistical data and other information that will be useful in future program planning and development.

OBJECTIVE(S) FOR FY 2004-2006

1. To update Demographic profile on a yearly basis from data released from the Census by September 30, 2004.
2. To update the State Plan on Aging, as appropriate, based on the analysis of up-to-date census data by September 30, 2004.

Section #5

Older Persons as a Resource

To shape employment, educational and volunteer opportunities for seniors whose retirement will likely look different from an earlier generation's, who want to continue making a contribution to the economy, their neighborhoods

- Volunteerism
- Lifelong Learning

Volunteerism

NEED AND ISSUE

The complex needs of the elderly related to the aging process have increased substantially over the years, without a commensurate increase in resources – dollars and manpower. To help alleviate this concern, the “pool” of available volunteers has recently shown a dramatic increase.

We must intensify efforts to reach out and attract capable and motivated volunteer personnel to the aging network to assist with the delivery of services to maintain and expand upon this invaluable resource. For these reasons, there is a vital need to “formalize” the volunteer mechanisms currently used to assist those elders who require a comprehensive array of services.

GOAL STATEMENT

Strengthen existing support service systems by networking with public/private organizations to establish relationships where volunteers may be more effectively utilized in the delivery of services.

OBJECTIVE(S) FOR FY 2004-2006

1. To assess the six Lead Agencies' volunteer programs and identify new areas of need and opportunities for volunteer service assignments by September 30, 2005.
2. To recruit 50 seniors from senior service network for the Citizens Corp by September 30, 2005.

▪ Lifelong Learning

NEED AND ISSUE

Creativity in later life – both its potential and its prevalence – has been greatly unrecognized and under-recognized as a source of life satisfaction for older citizens. There is no age limit to the development and encouragement of intellectual growth, potential and ability, for these are source of knowledge, activity and well-being that not only influence how society views and nurtures its elder members, but also how society benefits from the wisdom, experience and contributions of its older citizens. The early recognition of creative potential also affects how younger community members prepare for their own future development.

Opportunities need to exist for senior Washingtonians to continue to learn beyond their retirement years, for seniors who did not have the benefits of certain educational opportunities, and those who want to continue learning (and growing) through the rest of their lives.

GOAL STATEMENT

Providing educational opportunities for older persons to continue to learn and grow and contribute to our city.

OBJECTIVE(S) FOR FY 2004-2006

1. To provide 100 seniors with remedial literacy training by September 30, 2004.
2. To increase by 10% the number of seniors participating in the Later Life learning Academy by September 30, 2004.

Section # 6
PREVENTION AND ALTERNATIVES TO
INSTITUTIONAL CARE

- In Home Services
- Long Term/Continuing Care
 - Case Management
 - Geriatric Day Care
 - Transportation

▪ In Home Services

NEED AND ISSUE

The Office on Aging's major thrust for its in-home service programs focuses attention on building upon and supplementing community support systems that enable senior citizens to remain in their own homes for as long as possible, thereby avoiding unnecessary and costly premature institutionalization.

In addition, with the rising numbers of the "oldest-old" population, those 75+ in the District, it is incumbent that our aging agency, with our sister agencies in government, to marshal resources carefully to maximize shrinking dollars.

GOAL STATEMENT

Maintain the current level of in-home services for the vulnerable elderly.

OBJECTIVE(S) FOR FY 2004-2006

1. To provide in-home support services to 600 frail seniors and their families by September 30, 2004.
2. To provide cluster care in 14 buildings where a number of seniors residents who can benefit from the services of a shared homemaker by September 30, 2004.

▪ Long Term/Continuing Care

NEED AND ISSUE

The fastest growing segment of the District's population is the "oldest-old" age group, people who are 75+ years of age. In 2000, the 75 years+ made up 33% of the senior population and that proportion continues to increase.

People in the "oldest-old" age group, typically, have significantly lower incomes and frequently suffer from chronic diseases. The vulnerability of this group is borne out by the fact that 25% of them reside in nursing homes or community residence facilities.

There are approximately 5,000 residents in licensed nursing facilities and community residences facilities in the District. The residents of these facilities are economically and socially vulnerable and generally unrepresented. The report by the Institute of Medicine, released in 1986, indicated that poor quality nursing homes and board and care homes outnumber those providing good quality.

The D.C. Assisted Living Residence Regulatory Act, once it is implemented, will give elderly DC residents not requiring nursing home care but unable to remain in their own homes, another long term care residential option.

The Long Term Care Ombudsman Program acts as an advocate for the residents of these institutions by investigating complaints or serving as their representatives under D.C. Law 7-218, "The Long-Term Care Ombudsman Program Act", and D.C. Law 6-108; the "D.C. Nursing Home and CRF Residents Protection Act" of 1985, and by maintaining their concerns in confidence.

GOAL STATEMENT

Improve the quality of life, and the quality of care particularly for the frail elderly residents of nursing facilities, assisted living residences, and community residence facilities in the District of Columbia

OBJECTIVE(S) FOR FY 2004-2006

1. To present 40 training programs on advocacy for the institutionalized elderly to volunteer resident advocates, the staff of nursing facilities, community residence facilities, hospitals and others interested in long term care by September 30, 2004.

2. To investigate the complaints of 760 nursing facilities and community residence facility residents by September 30, 2004.
3. To fulfill 1,100 requests for information about long term care by September 30, 2004.
4. To train ombudsman, volunteer resident advocates and others interested in long term care on the provisions of the "Assisted Living Residence Regulatory Act by September 30, 2006.
5. To expand the Ombudsman Program to include advocacy to residents of assisted living facilities by September 30, 2006.

▪ Case Management

NEED AND ISSUE

The Office on Aging funds five Case Management programs to provide assessment, arrangement, management and coordination of services rendered to functionally-impaired, frail, homebound seniors in the District of Columbia. The purpose of the case management programs is to provide assistance to those who are unable due to physical or mental challenges to obtain public benefits and other services.

Case managers navigate the senior service and social service network to coordinate various services that seniors often need -- for example, the development and implementation of a care plan that will enable seniors to avoid premature institutionalization.

GOAL STATEMENT

Provide guidance to five case management service providers in their ongoing efforts to seek additional funding for the case management services; to maintain the case management service at present levels, despite the challenges posed by an aging population with increasing numbers of persons living alone, or living longer with multiple physical and mental illnesses; to enhance the quality of case management services provided.

OBJECTIVE(S) FOR FY 2004-2006

1. To provide case management services to 800 frail and functionally impaired seniors by September 30, 2004.

▪ Geriatric Day Care

NEED AND ISSUE

The Office on Aging funds six geriatric day care programs to serve functionally-impaired individuals and those persons with Alzheimer's disease or related disorders. These programs provide therapeutic and supportive services such as art therapy, music therapy, physical therapy, and regular health monitoring.

Our geriatric day care programs enable seniors to maximize their limited functional abilities and maintain their dignity. The geriatric day care programs are also a great source of respite for caregivers who are often elderly themselves.

GOAL STATEMENT

To fund and continue to develop geriatric day care programs that the community will embrace and value -- after all, the geriatric day care program and its services are for the benefit of the community comprised of persons of all ages, but specifically, seniors, their caregivers and/or family members.

OBJECTIVE(S) FOR FY 2004--2006

1. To maintain one geriatric day care program with an emphasis on intergenerational programming involving toddlers, youth, and frail, functionally-impaired seniors including persons with Alzheimer's disease and other related disorders by September 2004.
2. To maintain extended hours of operation of two geriatric day care programs for caregivers providing their own transportation who could benefit from the flexibility of an earlier program opening or a later program closing, by September, 2004.

▪ Transportation

NEED AND ISSUE

The District of Columbia has approximately 92,000 persons 60 years of age or older, representing about sixteen percent (16%) of the total population. At least 50% of the elderly do not drive or have access to private transportation. According to the 2000 Census, 43% or 21,670 households of elderly 65 years of age and older, had no personal vehicle available for their use. Instead, they depend on other modes of transportation – taxi, bus, rail, and relatives/friends with cars – to carry them to doctors' appointments, dialysis treatments, and grocery shopping, for example.

Many elderly, especially those over 65 years of age, have some form of disability. Many others live in areas where public transportation is inconvenient for those with a disability or sporadic. These factors prevent many seniors from having easy access to public transportation.

Access to adequate and affordable transportation would enable more seniors to remain active and independent, thus helping to sustain the life of the District's seniors and to add more quality to their lives.

The Washington Elderly Handicapped Transportation Service (WEHTS) and door-to-door taxi service through the Call 'N' Ride Program provide locally-funded life-supporting transportation to the elderly and disabled through a program, using a sliding fee scale, to provide discount coupons to seniors to allow them to call a taxi for transport.

GOAL STATEMENT

Provide alternative, high quality, life supporting transportation services to seniors in need, thereby enabling them to 'age in place,' avoid loneliness and isolation, and enhance their ability to remain independent.

OBJECTIVES FOR FY 2004-06

1. To review results of best practices study completed on September 30, 2003, and replicate best practices in transportation by September 30, 2005.
2. To continue providing transportation services at current service levels unless study results indicate changes.
3. Convene a Senior Summit in the District to determine what senior consumers want in a transportation program by September 30, 2005.

Section # 7

Public/Private Partnerships

To make sure collaboration and partnerships with other agencies and organizations on joint projects and activities are implemented that are designed to increase older people's access to an integrated array of health and social supports.

- Community based organizations

▪ **Community Based Organizations**

NEED AND ISSUE

The formal support and outreach seniors receive from programs financed by the Older Americans Act ensure that services such as in-home and congregate meals, transportation, homemaker services and case management are available in the community. But with recent federal and local budget constraints, the past few years have witnessed a substantial increase in the number of service needed by seniors, without concomitant increases in public funding to provide those services.

Increasingly, aging organizations have had to look to private sector support to help cover the shortfalls in service delivery. Locally, businesses and churches have had longstanding traditions of active civic and community involvement. Also, the notion of 'giving something back' has led many local companies to support a wide range of community activities and causes. Private sector, in-kind and monetary, support are crucial to leverage and stretch dollars needed for supportive services for the aging population.

Private sector and faith-based community support of senior service network programs can help improve the lives of seniors, allowing them to be involved with and benefit from public/private partnership that make a difference. Traditional and nontraditional businesses can contribute to increasing funding, services and support for DC seniors.

GOAL STATEMENT

To provide avenues for the private sector increasingly to partner with the Office on Aging Senior Service Network.

OBJECTIVE(S) FOR FY 2004-2006

1. To conduct at least 20 faith-based presentations, yearly by September 30, 2004.
2. To hold annual Show You Care Week to publicly recognize and celebrate community based activities starting September 30, 2004

Section # 8

PUBLIC SAFETY

To make sure a strategy of harm reduction, education and training, to ensure that seniors are knowledgeable about and benefit from public protections from physical, emotional, and financial abuse and exploitation.

- HARMS REDUCTION FOR SENIORS: ABUSE, EXPLOITATION AND NEGLECT

HARM REDUCTION FOR SENIORS: ABUSE, EXPLOITATION AND NEGLECT

NEED AND ISSUE

Abuse, exploitation and neglect – all undeserved harms, too often visited upon vulnerable senior citizens – are very real and troubling phenomena that impose tremendous costs on seniors and on society. Seniors who live alone, for example, are at higher risk for abuse, exploitation and neglect.

According to a study from the National Aging Resource Center on Elderly Abuse (NARCEA), perpetrators of elder abuse were most often adult children, spouses, siblings, and friends and neighbors in that order. In recent years, the number of reported cases of elder abuse has increased steadily.

The 92,000 seniors who live in Washington, DC desire protection from crime and from undeserved harms at home and in their communities. As the number of seniors living alone increases, so does the potential for undeserved harms, for abuse, exploitation, and neglect.

Over one out of every three DC seniors lives alone and that number is increasing. These seniors are ‘aging in place’, certainly, but social isolation, another related problem, may mask the seriousness and effects of elder abuse, hiding the tragic consequences to seniors and society from public view.

GOAL STATEMENT

To strengthen community education efforts and social support for seniors to recognize and reduce undeserved harms and prevent the abuse, exploitation and neglect of the elderly.

OBJECTIVE(S) FOR FY 2004-2006

1. Convene the D.C. Adult Abuse Prevention Committee to develop and implement an annual work plan to help prevent and offer effective interventions in identified cases of elder abuse by September 30, 2004.

Section # 9

Special Need Population

To make sure that community outreach strategies to reach, support and serve the most socially vulnerable among the elderly: those living alone, or in poverty, sexual minorities and those for whom English is a second language, who are many times culturally isolated.

- Limited Language Proficiency
- Disabilities

Limited Language Proficiency

NEED AND ISSUE

For well over a decade, demographic information has indicated that the American populace has become increasingly diverse. In recent years, the largest number of immigrants have been those who speak Spanish or an Asian or Pacific Island language. Aging services should respond to the growing needs of these populations.

The most current Census data affirms the demographic trends particularly for Hispanic elderly, a population of newcomers growing at twice the rate of other racial/ethnic groups. Language acts often as a significant barrier to poor persons obtaining needed services. Those who have a limited ability to understand English and communicate it are less likely to participate in programs, we have found, which are designed to help them out of poverty and avoid to homelessness.

GOAL STATEMENT

To identify, access and recommend changes to address the language and cultural-specific needs of District seniors for whom English is a second language.

OBJECTIVE(S) FOR 2004-2006

1. To hold yearly town meetings with Asian and Hispanic Elderly on their needs, by September 30, 2004.
2. To translate Senior Service Network Directory in Chinese, Korean, Vietnamese and Spanish by September 30, 2004.
3. To translate 3 primary information documents into the 3 most requested diverse languages, Spanish, Chinese and Korean, for dissemination by September 30, 2004.

▪ Disabilities

NEED AND ISSUE

The majority of elderly persons in their younger retirement years are relatively healthy and unlimited in activity (even when they have chronic illnesses) despite what is frequently and commonly assumed. Health and mobility, however, do decline with advancing age. By the eighth and ninth decades of life, the chance of being physically challenged increases dramatically. According to the 2000 Census, 42% of the elderly had one or more disability (physical, sensory, mental, self care and going outside).

GOAL STATEMENT

Increase awareness, identify and represent the comprehensive needs of disabled persons; effect philosophical and policy changes in the creation and design of programs; and normalize, to the greatest extent possible, the day-to-day experiences of persons with disabilities within the aging network.

OBJECTIVE(S) FOR FY 2004-2006

1. Conduct an annual ADA [Americans with Disabilities Act] training session update with the senior service network managers and staff by September 30, 2006.
2. Update ADA compliance plans for 22 senior service network organizations by September 30, 2005.
3. To provide at least 25 hearing impaired seniors with recreation/socialization and counseling by September 30, 2004.
4. To provide at least 25 blind and visually impaired seniors with recreation/socialization and counseling by September 30, 2004

Section # 10

Support and Strengthening Formal and Informal Caregivers

Make sure that the increasingly necessary support and care of seniors who are 'aging in place'; of caregivers who are many times unprepared for the demands of primary caregiving under emergency circumstances; to provide assistance to seniors caring for other family members

- Caregiver and Family Support

Caregivers and Family Support

NEED AND ISSUE

At the beginning of the 21st Century, as the senior population ages, chances are older persons will need formal and informal supports in order to stay in their own homes. Only 5% of seniors live in institutional settings; the remainder live in the community. Two-thirds of the care provided to seniors in need is provided by a family member-caregiver.

Caregiving may range from personal care activities such as bathing, dressing, grooming, feeding and toilet to household management activities such as cooking, cleaning, shopping, bill paying, errand running and taking the senior to medical appointments. In addition to hands-on care, caregivers tend also to the emotional needs of their relatives.

Caregiving, on average, can consume 25 to 30 hours each week of the caregiver's time, and years of their lives. Fifty-nine percent of non-institutionalized persons 80 years and older live with others, usually with relatives, most commonly with their off-spring who provide the care they need.

On the other hand, there is an increasing number of seniors raising and caring for their grandchildren and other relatives. At the last Census, it was found that over 8,000 children being reared in the homes of their grandparents. In addition, four percent of the elderly (2,691) lived with aging parents.

Under the National Family Caregivers Support Act funding is provided to States for family caregivers and for grandparent or older individuals who are relative caregivers.

The services funded under this Act include information and access, counseling, respite care and supplemental services to complement the care provided by caregivers.

GOAL STATEMENT

To provide services for caregivers in three categories: (1) those designed to benefit caregivers primarily; (2) those designed to benefit patients primarily, but which incidentally benefit the caregiver as well; and (3) special programs for patients and caregivers.

OBJECTIVES FOR FY 2004-2006

1. To increase the number of Caregiver Institute participants by 25% annually, effective September 30, 2004, if funding permits.

2. To hold a caregivers' fair for DC government employees, annually, effective May, 2004, in various government buildings.
3. To hold a citywide caregivers' conference by September 30, 2004.
4. To recognize caregivers by holding a caregivers' reception annually during National Caregivers Month effective November 2004.
5. To provide a camp for caregivers of children annually effective August 2004.
6. To maintain a resource file and classification system to facilitate information retrieval concerning available community resources and agencies that are responsive to the needs of older persons, their family members and caregivers by September 30, 2005.
7. To maintain a system of information and assistance activities to link older persons in need and their caregivers to appropriate services and resources by September 30, 2005.
8. To partner with 5 schools to address grandparents raising grandchildren issues by September 30, 2005.
9. To update the Caregiver Resource Directory and print 10,000 copies for distribution by September 30, 2006.